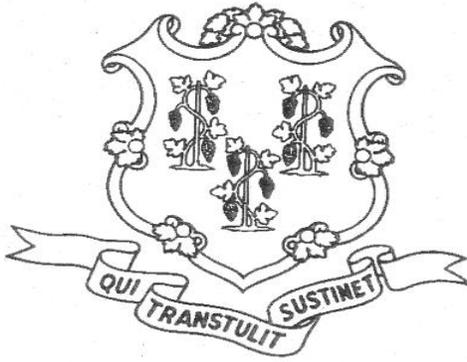


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Grove Manor Nursing Home, Incorporated	
Address (No. & Street, City, State, Zip Code) 145 Grove Street, Waterbury, CT 06710	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 494-c	RHNS	(Specify)	Medicare Provider 4945
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Medicaid Provider Numbers:	CCNH 4945	RHNS	ICF-IID
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**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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### General Information

Name of Facility (as licensed) Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page 1	of 37
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#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Grove Manor Nursing Home, Incorporated [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Janet Aliciene			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Grove Manor Nursing Home, Incorporated		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 145 Grove Street, Waterbury, CT 06710				
Report Prepared By Raymond E. Rossi, Jr.		Phone Number 203-754-3134	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-753-7205		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Grove Manor Nursing Home, Incorporated			Address (No. & Street, City, State, Zip) 145 Grove Street, Waterbury, CT 06710		
License Numbers:	CCNH 494-c	RHNS	(Specify)	Medicare Provider No. 4945	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Janet Aliciene			Nursing Home Administrator's License No.:	000760	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Grove Manor Nursing Home, Incorporated	145 Grove Street, Waterbury, CT 06710	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	Pres/Treas	1,486 49.54%	
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Sec	1,128 37.60%	
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Asst Treas	386 12.86%	
Names of Stockholders Owning at Least 10% of Shares				
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	Pres/Treas	1,486 49.54%	
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Sec	1,128 37.60%	
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Asst Treas	386 12.86%	



**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?  Yes  No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Working Capital Loan Interest	27/12D	9,112	9,112
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Salary	10/A2	130,318	130,318
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Salary	10/A4	124,015	124,015
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

N/A Only one level of care provided

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A Only one level of care provided

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

## General Information and Questionnaire Leases (Excluding Real Property)

**Operating Leases** - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated			494-c	9/30/2016			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Al's Beverage Service, 3 Revay Rd., Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	Ice Machine	09/01/14	36 Months	1,531	1,531		
GE Capital, PO Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/07/13	48 Months	9,908	9,988		
Life Systems, 7320 Central Ave., Savannah, GA 31406	<input type="radio"/>	<input checked="" type="radio"/>	Patient Alarm System	11/01/13	36 Months	2,616	2,936		
Krystal Kleer, 598 Pomeroy Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	10/01/14	Open Ended	893	893		
Triple Springs Water, 199 Ives Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	10/01/08	Open Ended	115	106		
Acura Financial Services, PO Box 7829, Philadelphia, PA	<input type="radio"/>	<input checked="" type="radio"/>	2014 Acura	04/01/14	36 Months	5,409	5,409		
Acura of Avon, PO Box 1129, Canton, CT 06019	<input type="radio"/>	<input checked="" type="radio"/>	2014 Acura	08/16/13	36 Months	6,463	4,309		
Audi of Wallingford, 800 S. Colony Rd, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	2017 Audi	05/31/16	36 Months	10,032	6,538		
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Total ***</b>	31,710

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Grove Manor Nursing Home, Incor	License No. 494-c	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dibble & Rossi, CPA's, PC	515 Watertown Ave, Waterbury, CT 06708
2 Cornerstone Accounting Group	PO Box 7, IndianValley, VA 24105
3 H.A. Business Services	PO Box 291, Thomaston, CT 06787
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of Financial Statements, Income Tax Returns and Ct and Medicare Cost Reports	\$ 18,000
2 Bookkeeping Services	\$ 11,887
3 Bookkeeping Services	\$ 20,407
4	\$
	Charge for Services Provided
	\$ 50,294

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes     No    Page 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1	
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes     No

**Schedule of Resident Statistics**

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c		Report for Year Ended 9/30/2016				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	50	50			50	50			51	51		
B. As of midnight of THIS report period	53	53			52	52			53	53		
3. Total Number of Days Care Provided During Period												
A. Medicare	543	543			349	349			194	194		
B. Medicaid (Conn.)	17,632	17,632			13,144	13,144			4,488	4,488		
C. Medicaid (other states)												
D. Private Pay	1,000	1,000			737	737			263	263		
E. State SSI for RCH												
F. Other (Specify) Managed Medicare/Comm.Ins	61	61			46	46			15	15		
G. Total Care Days During Period (3A thru F)	19,236	19,236			14,276	14,276			4,960	4,960		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	275	275			217	217			58	58		
B. Other Bed Reserve Days	30	30							30	30		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	19,541	19,541			14,493	14,493			5,048	5,048		

### Schedule of Resident Statistics (Cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	2		48		3								
Per Diem Rate													
a. One bed rm.					318.00								
b. Two bed rms.	Var		193.00		298.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,988	1,988				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								952	952				
2. Restorative Treatments													
C. Other								335	335				
D. <b>Total Physical Therapy Treatments</b>								3,275	3,275				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								733	733				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								669	669				
2. Restorative Treatments													
C. Other								271	271				
D. <b>Total Speech Therapy Treatments</b>								1,673	1,673				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,606	1,606				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,636	1,636				
2. Restorative Treatments													
C. Other								752	752				
D. <b>Total Occupational Therapy Treatments</b>								3,994	3,994				

### Report of Expenditures - Salaries & Wages

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	130,318	2,397				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	124,015	2,508				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	28,785	1,854				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	90,326	2,078				
b. RN						
1. Direct Care	115,461	3,208				
2. Administrative**	405,446	11,338				
c. LPN						
1. Direct Care	220,690	8,055				
2. Administrative**						
d. Aides and Attendants	479,124	42,838				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	38,228	2,054				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify) Infection Control	57,879	1,697				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	68,912	2,198				
n. Marketing						
o. Other (Specify) See Attached Schedule	2,257	141				
<i>A-13. Total Salary Expenditures</i>	1,761,441	80,366				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 2,257	141				
<b>Total</b>	\$ 2,257	141	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Audiology Consultant	\$ 147	2				
<b>Total</b>	\$ 147	2	\$ -	-	\$ -	-

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility				License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated				494-c	9/30/2016			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Ryan Aliciene	124,015					2,508				

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated				494-c	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Janet Aliciene	130,318					2,397	A2			
<b>Section IV - Assistant Administrators</b>										

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** other employment worked during the cost year.

\*\*\* If more than one Administrator is reported, include dates of employment for each.

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	494-c	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b>						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	4,756	105				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	25,451	394				
b. Other						
6. Social Worker	322	14				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	14,400	174				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	15,060	221				
b. Other						
10. Occupational Therapist						
a. Resident Care	32,388	471				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,883	26				
2. Administrative***						
b. LPN						
1. Direct Care	4,176	77				
2. Administrative***						
c. Aides	8,282	319				
d. Other						
12. Other (Specify)						
See Attached Schedule	147	2				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>106,865</b>	<b>1,803</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 494-c		Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Joseph Futschik, Ansonia, CT	MSW	<input type="radio"/>	<input checked="" type="radio"/>			
IPC the Hospitalist, Los Angeles, CA	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Synertx Rehab, Phoenix, AZ	PT.ST,OT	<input type="radio"/>	<input checked="" type="radio"/>			
Omnicare, Columbus, OH	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive Audiology, Newton, MA	Audiologist	<input type="radio"/>	<input checked="" type="radio"/>			
Nurse Network, Plantsville, CT	Pool Nurses (Rns) CNAs	<input type="radio"/>	<input checked="" type="radio"/>			
Key Personnel, North Haven, CT	Pool Nurses RNs, LPNs, CNAs	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 88,075	88,075		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 43,094	43,094		
4. Social Security (F.I.C.A.)	\$ 130,987	130,987		
5. Health Insurance	\$ 85,027	85,027		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,829	6,829		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 7,715	7,715		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 33,304	33,304		
d. Accounting and Auditing	\$ 50,294	50,294		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 11,824	11,824		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 4,960	4,960		
2. Cellular Phones	\$ 7,327	7,327		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 250	250		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$ 2,946	2,946		
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 8,545	8,545		
3. Resident Day User Fee	\$ 391,897	391,897		
<b>Subtotal</b>	\$ 873,074	873,074		

\* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)



**C. Expenditures Other Than Salaries (cont'd) - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	873,074	873,074			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	940	940		
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$	1,201	1,201		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	11,334	11,334		
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	1,484	1,484		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$	1,659	1,659		
3. Advertising Other ( <i>Specify</i> )***	\$	2,947	2,947		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$				
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	515	515		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	811	811		
9. Subscriptions	\$				
10. Contributions***	\$	2,410	2,410		
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	50,168	50,168		
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> )	\$	10,221	10,221		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>956,764</b>	<b>956,764</b>		

\* Do not include Subscriptions, which should go in item 9.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Other Advertising	\$ 1,317		
Public Relations	\$ 1,630		
<b>Total Other Advertising</b>	\$ 2,947	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CT Association of Healthcare Facilities	\$ 350		
Costco	\$ 165		
<b>Total Dues</b>	\$ 515	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 2,410		
<b>Total Contributions</b>	\$ 2,410	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Resident Supplies	\$ 502		
Licenses	\$ 2,055		
Small Equipment Purchased	\$ 540		
Late Charges Disallowed page 28	\$ 2,621		
Bank Charges	\$ 30		
Cable Disallowed page 28	\$ 4,473		
<b>Total Other Administrative and General</b>	\$ 10,221	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

**C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 494-c	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 10,201	10,201		
2.	Non-Food Supplies	\$ 2,683	2,683		
3.	Other (Specify) _____ Small Equipment Purchased	\$ 577	577		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 404,474	404,474		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 417,935</b>	<b>417,935</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs**  
**(See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated		494-c	9/30/2016	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	3,767	3,767	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	52,052	52,052	
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies		\$	216	216	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>56,035</b>	<b>56,035</b>	
<b>3F. Laundry Questionnaire</b>					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care  
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated	494-c	9/30/2016	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	23,837	23,837		
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	12,205	12,205		
b. Purchased Services ( <i>by contract other than through Management Services</i> )	Sq. Ft. Serviced	23,837	23,837		
( <i>Complete Schedule C-2 att. Page 21</i> )	by Personnel				
	Amt. \$	81,382	81,382		
c. Management Services*		\$			
d. Other ( <i>Specify</i> )		\$			
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 93,587	93,587		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	29,656	29,656		
b. Medicine Cabinet Drugs	\$	58,395	58,395		
c. Medical and Therapeutic Supplies	\$	19,426	19,426		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other****	\$	15,119	15,119		
f. X-rays and Related Radiological Procedures***	\$	503	503		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	2,140	2,140		
i. Recreation	\$	8,136	8,136		
j. Other (Specify)***** See Attached Schedule	\$	680	680		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>		\$ 134,055	134,055		

\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.



**Report of Expenditures**  
**Schedule C-2 - Individuals or Firms Providing Services by Contract \***

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c	Report for Year Ended 9/30/2016	Page of 21   37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
Paychex, Inc	Rocky Hill, CT	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Service	19,011					
Wescom Solutions	Detroit MI	<input type="radio"/>	<input checked="" type="radio"/>		Computer Service	12,302					
Healthcare Services Group	Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	404,474					
Med-Apparel Service	Perth Amboy, NJ	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	17,095					
Unitex Textile	Mount Vernon, NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	35,762					
Innovative Cleaning	Darien, CT	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Service	33,909					
J&M Cleaning Solutions	Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Service	47,473					
USA Hauling	East Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	15,189					
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

### C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2016	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 30,296	30,296		
b. Heat	\$ 16,398	16,398		
c. Light & Power	\$ 39,910	39,910		
d. Water	\$ 8,822	8,822		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 31,710	31,710		
f. Other ( <i>itemize</i> )	\$ 43,664	43,664		
See Attached Schedule				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 170,800</b>	<b>170,800</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$ 8,515	8,515		
b. Building & Building Improvements	\$ 38,324	38,324		
c. Non-Movable Equipment	\$ 404	404		
d. Movable Equipment	\$ 25,251	25,251		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 72,494</b>	<b>72,494</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other ( <i>Specify</i> )	\$			
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$			
10. Property Taxes				
a. Real estate taxes paid by owner	\$ 60,907	60,907		
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$ 9,171	9,171		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 142,572</b>	<b>142,572</b>		

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Maintenance Purchased Services	\$ 42,670		
Small Equipment Purchased	\$ 994		
<b>Total Other Repairs and Maintenance</b>	\$ 43,664	\$ -	\$ -

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Grove Manor Nursing Home, Incorporated  
9/30/2016

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2015	Suspended Office Ceiling	\$ 10,089	8	\$ 1,261
11/1/2015	New Flat Roof	\$ 34,249	10	\$ 3,140
1/1/2016	Electrical Work	\$ 2,596	10	\$ 195
3/1/2016	Fire Door	\$ 1,340	15	\$ 52
3/1/2016	Nurse Call System	\$ 49,071	10	\$ 2,862
3/1/2016	Generator Exhaust Pipe	\$ 2,215	25	\$ 52
4/7/2016	Water Heater	\$ 3,253	10	\$ 163
6/15/2016	Hallway Ceiling	\$ 12,720	8	\$ 530
6/1/2016	Hallway Air Conditioning	\$ 8,763	10	\$ 292
9/1/2016	Ductless Heat Pump	\$ 6,913	10	\$ 58
9/1/2016	Basement Bath Tile	\$ 1,615	20	\$ 7
9/1/2016	Telephone Lines	\$ 7,073	10	\$ 59
<b>Total additions for Building Improvements</b>		\$ 139,897		\$ 8,671 *
<b>Deletions:</b>				
5/4/1993	Roof	\$ (24,571)	15	\$ -
9/8/1997	Nurses Station	\$ (38,281)	10	
7/1/1997	Ceiling	\$ (7,367)	10	
5/1/1990	Improvements	\$ (16,670)	15	
<b>Total deletions for Building Improvements</b>		\$ (86,889)		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				

<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2015	Bariatric Mattress	\$ 2,536	5	\$ 507
12/7/2015	Nurses Call Stations	\$ 1,403	10	\$ 117
12/1/2015	Electric Bed	1328	12	92
1/2/2016	Chairs	1828	15	91
1/1/2016	Nurses Call Stations	2451	10	184
2/1/2016	Overbed tables	1117	15	50
4/1/2016	Notebook Computers	1617	5	162
5/1/2016	Notebook Installation	1367	5	114
5/3/2016	Burner Range	3862	5	322
5/1/2016	Notebook Computers	1166	5	97
6/1/2016	First Floor Kiosks	1699	5	113
7/1/2016	Wheel Chair Scale	1475	10	37
8/1/2016	2 Laptops	3863	5	129
9/1/2016	2 Bariatric Beds	3610	15	20
9/1/2016	Laptop	1154	5	19
<b>Total additions for Movable Equipment</b>		\$ 30,476		\$ 2,054 *
<b>Deletions:</b>				
9/10/2001	Refrigerator	\$ (2,502)	10	
3/24/2003	Wheel Chair & Air Purifier	\$ (1,637)	10	
5/15/2003	Leaf Blower	-355	5	
6/19/2003	Freezer	-3604	10	
9/3/2003	Gas Grill	-424	5	
9/18/2003	Fans	-106	5	
9/22/2003	Utility Cart	-301	5	
9/18/2003	Bed	-549	5	
9/30/2003	3 Beds	-2143	5	
9/21/2005	4 Medline Beds	-3935	10	
10/25/2005	Refrigerator	-2650	5	
5/22/2006	Patient Lift	-3956	10	
6/19/2006	Vandal Camera	-2176	5	
12/31/2008	Snowblower	-1949	5	
11/17/2008	Telephone System	-5122	10	512
1/23/2009	Direct TV Installation	-5134	5	
3/5/2009	Mattresses	-760	5	
6/26/2009	Patient Lift	-2799	10	280
7/22/2009	Mattresses	-354	5	
7/23/2009	Mattresses	-1087	5	
12/1/2009	Low Air Mattress	-788	5	
12/11/2009	Electric Stand	-2218	5	
12/29/2009	Refrigerator	-689	5	
2/2/2010	2 Pulse Oximeters	-1088	5	109
2/23/2010	Water Heater Control Valve	-830	5	
8/15/2011	Scale	-2072	5	209
11/11/2011	Exercise Bike	-2200	10	220
2/7/2012	3 Air Mattresses	-2191	5	439
4/30/2012	Lawn Mower	-1771	3	-589
6/11/2012	2 Recliners	-1061	15	71
9/9/2013	Camera/DVR	-1415	5	283
<b>Total deletions for Movable Equipment</b>		\$ (57,866)		\$ 1,534 **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *

<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$	-	\$ -

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\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

**C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire**

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		1956/1969			
2. Date Structure Completed		01/01/69			
3. If <b>NOT</b> Original Owner, Date of Purchase		01/01/56			
4. Date of Initial Licensure		Unavailable			
5. Total Licensed Bed Capacity		60			
6. Square Footage		23,837			
7. Acquisition Cost					
a. Land		43,809			
b. Building		755,334			
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

**Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.**

**C. Expenditures Other Than Salaries (cont'd) - Interest**

Name of Facility		License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorpo		494-c	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

**C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance**

Name of Facility		License No.		Report for Year Ended		Page	of
Grove Manor Nursing Home, Incor		494-c		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Working Capital, Line of Credit, Caaital Leases				\$ 22,124	22,124		
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 22,124	22,124		
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$ 3,743	3,743		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 49,732	49,732		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 53,475	53,475		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 3,915,653	3,915,653		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated				494-c	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 32,388	32,388		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 33,304	33,304		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 7,327	7,327		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 940	940		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	16	Automobile Expense (e.g. personal use)	\$ 11,334	11,334		
18.	16	m2/3	Unallowable Advertising *	\$ 4,606	4,606		
19.	15	k1	Income Tax / Corporate Business Tax	\$ 3,196	3,196		
20.	16	m10	Fund Raising / Contributions	\$ 2,410	2,410		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 16,450	16,450		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 111,955	111,955		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	k2	Federal S Corp Required Payment	\$ 6,871		
15	k2	Sales & Use Tax	\$ 1,674		
16	m8a	Chamber of Commerce Dues	\$ 811		
16	m13	Late Charges	2621		
16	m13	Cable	4473		
<b>Total Other A&amp;G Adjustments</b>			\$ 16,450	\$ -	\$ -

**D. Adjustments to Statement of Expenditures (cont'd)**

Name of Facility			License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated			494-c	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 111,955	111,955		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 29,656	29,656		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 503	503		
30.	20	5h	Laboratory	\$ 2,140	2,140		
31.			Medical Supplies	\$			
32.	20	5 e 2	Oxygen (non emergency)	\$ 15,119	15,119		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 680	680		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 1,634	1,634		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 16,255	16,255		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 3,743	3,743		
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 181,685	181,685		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Grove Manor Nursing Home, Incorporated  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Other Medical Consulting	\$ 680		
<b>Total Other Ancillary Costs</b>			<b>\$ 680</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Automobile Leases	\$ 16,255		
<b>Total Other Property Adjustments</b>			<b>\$ 16,255</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility		License No.		Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorporate 494-c				9/30/2016		30	37
Item				Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1.	a.	Medicaid Residents ( <i>CT only</i> )	\$	5,248,821	5,248,821		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(1,855,062)	(1,855,062)		
2.	a.	Medicaid ( <i>All other states</i> )	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents ( <i>all inclusive</i> )	\$	159,990	159,990		
	b.	Medicare Room and Board Contractual Allowance **	\$	73,394	73,394		
4.	a.	Private-Pay Residents and Other	\$	336,540	336,540		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(888)	(888)		
<b>II. Other Resident Revenue</b>							
1.	a.	Prescription Drugs - Medicare	\$	17,861	17,861		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(12,350)	(12,350)		
	c.	Prescription Drugs - Non-Medicare	\$	3,370	3,370		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(2,345)	(2,345)		
2.	a.	Medical Supplies - Medicare	\$	2,119	2,119		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$	(1,465)	(1,465)		
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	38,201	38,201		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(26,413)	(26,413)		
	c.	Physical Therapy - Non-Medicare	\$	16,300	16,300		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(14,077)	(14,077)		
4.	a.	Speech Therapy - Medicare	\$	13,450	13,450		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(9,300)	(9,300)		
	c.	Speech Therapy - Non-Medicare	\$	9,750	9,750		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(8,262)	(8,262)		
5.	a.	Occupational Therapy - Medicare	\$	46,551	46,551		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(32,187)	(32,187)		
	c.	Occupational Therapy - Non-Medicare	\$	18,250	18,250		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(17,109)	(17,109)		
6.	a.	Other ( <i>Specify</i> ) - Medicare	\$	1,193	1,193		
	b.	Other ( <i>Specify</i> ) - Non-Medicare	\$	65	65		
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)				\$	4,006,397	4,006,397	
<b>IV. Other Revenue*</b>							
1.	Meals sold to guests, employees & others			\$			
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income ( <i>Specify</i> )			\$			
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other ( <i>Specify</i> )			\$	(6,548)	(6,548)	
<b>V. Total Other Revenue</b> (1 thru 8)				\$	(6,548)	(6,548)	
<b>VI. Total All Revenue</b> (III +V)				\$	3,999,849	3,999,849	

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Oxygen	\$ 1,042		
30	Oxygen Allowance	\$ (720)		
30	Lab	\$ 1,717		
30	Lab Allowance	\$ (1,187)		
30	X-Ray	\$ 248		
30	X-Ray Allowance	\$ (171)		
30	Retro Medicare B Ancillaries	\$ 264		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 1,193</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Lab	\$ 214		
30	Lab Allowance	\$ (149)		
<b>Total Other Resident Revenue</b>		<b>\$ 65</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
<b>Total Interest Income</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Miscellaneous	\$ 332		
30	Loss on Assets Scrapped Books	\$ (6,880)		
<b>Total Other Revenue</b>		<b>\$ (6,548)</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	178,907
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	453,279
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	13,653
a. Insurance	13,653			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	13,030
Refunds Due/Clearing Account	6,090			
Due From Shareholder	6,940			
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	658,869
B. Fixed Assets				
1. Land			\$	43,809
2. Land Improvements	*Historical Cost	98,711	\$	41,591
	Accum. Depreciation	57,120		Net
3. Buildings	*Historical Cost	1,779,458	\$	387,722
	Accum. Depreciation	1,391,736		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	103,367	\$	3,233
	Accum. Depreciation	100,134		Net
6. Movable Equipment	*Historical Cost	228,238	\$	71,538
	Accum. Depreciation	156,700		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	236,483
Construction in Progress	7,716			
F/S vs C/R Adjustment	228,767			
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	784,376

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,443,245
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
_____				
_____				
7. Other Assets ( <i>itemize</i> )			\$	
_____				
_____				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	1,443,245

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).



### G. Balance Sheet (cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			847,279	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				
				\$ 276,891
Name and Address of Lender	Amount	Loan Date		
Rose Schaefer	276,891			
4. Other Long-Term Liabilities ( <i>itemize</i> )				
		8,486		
Capital Leases				
				\$ 8,486
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 285,377
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,132,656

**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	3,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	235,685
6. Gain or Loss for Period			\$	71,904
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	310,589
<b>C. Total Reserves and Net Worth</b>			\$	310,589
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,443,245

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	494-c	9/30/2016	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	235,685		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	3,999,849		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	3,927,945		
D. Net Income or Deficit			\$	71,904		
E. Balance			\$	307,589		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
2. Other ( <i>itemize</i> )						
Total Expenses per Page 27		3,915,653				
Depreciation Difference		28,443				
Prior Year Workers Comp. Refund		-16,151				
Total Expenses Per G/L Line C		3,927,945				
F-3. Total Additions					\$	
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )					\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount			
2. Other Withdrawings ( <i>Specify</i> )			\$			
Purpose		Amount				
3. Total Deductions			\$			
H. <b>Balance at End of Period</b>			\$	307,589		

### I. Preparer's/Reviewer's Certification

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Raymond E Rossi, Jr.				
Address		Phone Number		
515 Watertown Avenue, Waterbury, CT 06708		203-754-3134		

Error Check

Level    Item

Reported as